



1925-1990

Years of Excellence - Années d'Excellence

Ottawa Civic
Hospital / Hôpital
Civic d'Ottawa

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Public Affairs Department
Service des
affaires publiques
(613) 761-4193

January 8, 1991

Mr. Chris Brown
6267 Castille Court
Orleans, Ontario K1C 1X4

Dear Chris:

It was good to talk with you the other day and I am glad that you were able to speak with Peter Thompson. As I mentioned to you, Peter will be looking at this issue in its entirety as many of the questions raised fall within the Planning Department's mandate or at least will depend on some of the answers we get from Peter's investigations.

Below are the points which were highlighted at the meeting last summer with members of your group and Hospital personnel and which we have been and still are investigating:

Room Allocations - With all healthcare facilities dealing with high census and a limited number of private rooms, this poses a concern. While E. H. patients could be given priority on private rooms, it would be difficult to guarantee one. Another problem arises as most E.H. patients are admitted for other reasons and the Hospital is often not informed of their sensitivities or special needs. This would need to be investigated further.

Furniture - Removal of unnecessary furniture (chairs, tables, TVs, etc.) is possible. The purchase of cloth mattress covers raises the question of central storage, special cleaning, etc. Further investigation is needed.

Linen - E. H. patients could bring their own linens with them, however they would be responsible for changing the linens sufficiently during their stay, as well as removal of the linens at the time of discharge.

Food - Each patient must be handled on an individual basis by the Hospital's Dietetics staff as there are many factors which must be taken into consideration. E.H. patients should discuss their needs and concerns with a hospital dietitian upon admittance to the Hospital.

Hygiene - While nurses can be requested not to

wear perfume or hair spray, nursing care assignments are normally distributed after these products have been used. Further investigation is necessary.

Cleaning - Limitations arise when an E.H. patient is admitted without prior notice for Housekeeping to know of special needs. Ongoing investigation into available products is in process.

Maintenance/Air - Every attempt can be made to place E.H. patients in rooms away from areas recently or currently being renovated. Any air purifiers brought into the Hospital for use must first be inspected and approved by the Hospital. Purchase of air purifiers by the Hospital has budgetary implications. Further investigation is necessary.

Medicine - This issue is one which needs to be addressed by the patient's physician. It also should be noted on the patient's chart.

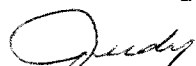
Water - Purified bottled water could be kept in stock for the patient's use and for those tests requiring water.

The Hospital is still looking into all of these areas and the information and guidance your members have supplied has been invaluable. Each issue raised must be thoroughly researched and reviewed and, as you have said yourself, it is often difficult to find accurate information on some of the points. Once we have completed the research and impact-analysis, the issues and our research will be forwarded to the Hospital's Senior Administrative Staff for review.

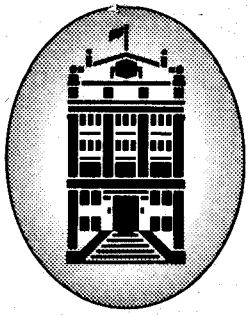
We appreciate your concern and want to assure you that we are looking into the matter in its entirety.

I will be away January 12 through 28, however if you have any questions, feel free to contact me after the 28th. Please rest assured that we continue to look into this matter for you and your organization.

Sincerely,



Judy Brown
Public Affairs Officer



**Ottawa
Civic Hospital**

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January 11, 1991

Chris Brown
6267 Castille Court
Orleans, Ontario K1C 1X4

RE: ENVIRONMENTAL HYPERSENSITIVITY

Dear Chris,

I wish to thank you for the time spent briefing me last week. Subsequent to our conversation, we have taken action to improve our information base relative to this issue and have ordered a number of the publications referenced in the information given to us.

Your ambassadorship has served to elevate the level of understanding of our staff of this contemporary issue. Given a candid and comprehensive dialogue between the patient and the attending medical staff, I remain confident that the oft-demonstrated sensitivity and resourcefulness of our staff will serve your members well.

In discussion with those that have been involved to date, I have been encouraged by the sensitivity of staff and existing procedures already established in support of the varying levels of environmental tolerance of our patient population.

As an overview of my discoveries and as a supplement to the work done by others to date, I have attached an appendix describing the environmental potential of our campus.

We hope that you will find our response to your concern a conscientious one. We invite further dialogue at your request.

APPENDIX

Room Allocations

Ultimately, all of our patients are treated as individuals. Their room assignments and care regimen are tailored to their personal strengths, sensitivities and medical needs.

Patient rooms are assigned on the basis of medical indication. This approach allows patients with similar illnesses to be grouped in areas of specific nursing and support staff specialty -- in order to provide the highest quality of care for our patients.

Environment

Finishes in our hospital generally fall into (2) categories.

	<u>FLOORS</u>	<u>WALLS</u>	<u>CEILINGS</u>	<u>CURTAINS</u>	<u>PAINT</u>
Pre-1980	Linoleum	Plaster	Plaster	Flame - retardant polyester	Latex
Post-1980	VAT or VRT	Drywall	Fibreglass ceiling tile with vinyl surface	Flame - retardant polyester	Latex

Windows can be opened in about 1/3 of our rooms. Most air handling systems other than operating rooms and intensive care areas involve a proportion of recirculated air. The exception to this is the area that we now refer as the "link" or "D wing".

Within this wing there is a modest 50 cfm of fresh air, filtered to capture 85% of suspended particulates, to each patient room. This area is pre-1980. There are semi-private rooms (no private rooms) on levels 2, 4 & 5 (these could be operated as private accommodation as the medical condition demands.) These areas are due to receive air conditioning starting in 1993.

Food

Our dietary department is well practised in the provision of special diets addressing imbalances and sensitivity to gluten, eggs, milk, etc.

An example of our dietary standard assay is attached for your information. The opportunity for a detailed transfer of information from patient to staff is well established.

Furniture, Linen, Perfume, Cleaning, Etc.

The information provided by your group and our research has reflected that these materials may be a source of difficulty to your members. Where such a condition exists that exposure to these materials is medically contraindicated, a physician's order would, I am sure, be accommodated.

Medications

The Civic Hospital enjoys one of the most versatile pharmacy organizations available. Where the fillers, binders and packaging of pharmaceuticals is a source of medical concern, your physician must be aware of and prescribe alternate medications. Given that order, we are certain that our pharmacy will be able to supply any approved drug in all available delivery modes.

Water

City, commercially bottled, de-ionized, reverse-osmosis purified, and distilled water are all available on campus if these are medically ordered.

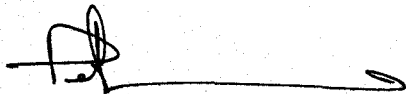
Air Purifiers

In principle, the hospital does not encourage patient-owned appliances. Provided that patient-provided air purifiers are CSA-approved, have an electrical consumption of not more than 120V 15 amps., are in safe working order, and are of a size that does not constrain the safe circulation of staff around the patient's room,-- where these appliances are medically ordered,-- the building infrastructure can accommodate them.

Chris, the key to our ability to adequately serve the needs of all of our patients, including your members, -- is the quality of communication between the patient and his/her physician.

Our primary mission remains that of service to our patients. In the event that the physician's orders received by our staff include environmental prescriptions, I am confident that the required resources will be assembled.

Yours truly,



R. Peter Thompson B. Arch.
Director,
Planning Department
cc. Dr. Saganuir
Judy Brown
RPT/cjp

ALLERGY/SENSITIVITY LIST FOR HFS PRODUCTS

CHICKEN/POULET

Code	Menu Item	Diet Code	C	CL	D	E	F	FL	G	M	MS	MU	NL	P	S	SF	T	Y
0264	CHICKEN NOODLE CASSEROLE	R.LF.LK.																
0265	CHICKEN A LA KING	R.LF.LK.																
0267	CHICKEN A LA KING, LS. IND.	LS.LF.LK.																
0268	CHICKEN BREASTS	R.																
0275	CHICKEN LEGS	R.																
0278	CHICKEN A LA KING, LS. BULK	LS.LF.LK.																
0281	CHICKEN, CURRIED	R.LF.																
0282	CHICKEN TETRAZZINI	R.LF.LK.																
0283	CHICKEN POT PIE	R.LF.LK.																

ALLERGY CODING:

C=Corn

CL=Colouring

D=Dairy

E=Egg

F=Fish

FL=Flavouring

G=Gluten

M=MAOI-Avoid

MS=MSG

MU=Mushrooms

NL=Nuts/Seeds/

P=Pork

S=Sulphites

M*=MAOI-Limit

Legumes

SF=Shellfish

T=Tomato

Y=Yeast